

Foster Family Home - Deficiency Report

Provider ID: 1-626210

Home Name: Felomina Dinong, NA

Review ID: 1-626210-1

87-1030 Aheikai Street

Reviewer: David Ayling

Waianae HI 96792

Begin Date: 9/8/2021

Foster Family Home

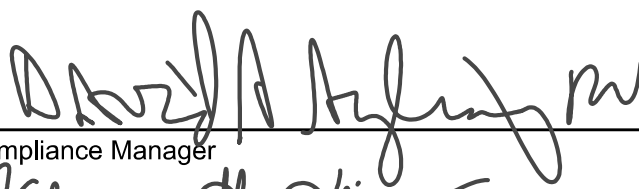
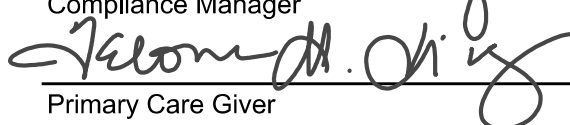
Required Certificate

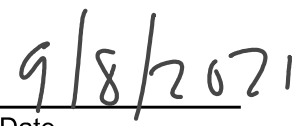

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. All requirements were met at the time of inspection. Home will receive a 2 bed certification.


Compliance Manager

Primary Care Giver


Date

Date